

# COPY

## Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment

☐ Yes

☒ No

<b>1. Committee Information</b>			
a. Full Name <i>Committee To Elect John Davenport</i>		b. ID Number <i>2014 EB 27</i>	
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 5964 WINSTON-SALEM, NC 27113</i>		d. Date Organized <i>2/26/14</i>	
		e. Phone Number <i>336-744-1636</i>	
<b>2. Candidate Information</b>			
a. Full Name <i>John Milton Davenport, Jr.</i>		e. Candidate ID Number <i>HCQVC5</i>	f. Party Affiliation <i>Republican</i>
b. Mailing Address (include City, State, and Zip Code) <i>2441 Kingsgate DR W-5 27101</i>		g. Office Sought <i>Board of Education - AT LARGE</i>	
c. Phone Number <i>336 597 2635</i>	d. Email Address <i>Immediate response @ 2014 Comm</i>	h. Next Election Year <i>2014</i>	i. Jurisdiction
<input checked="" type="checkbox"/> Email copy of notices			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name <i>John Davenport</i>		a. Full Name <i>John Davenport</i>	
b. Mailing Address (include City, State, and Zip Code) <i>2441 Kingsgate DR W-5 27101</i>		b. Mailing Address (include City, State, and Zip Code) <i>2441 Kingsgate DR 27101</i>	
c. Phone Number <i>336 597 2635</i>	d. Email Address	c. Phone Number <i>597 2635</i>	d. Email Address
I prefer to receive notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices			
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name <i>Wells Fargo</i>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <i>Campaign Reporting</i>	
c. Phone Number	d. Email Address	c. Account Code <i>WF-1</i>	d. Type <i>Checking</i>
<input type="checkbox"/> Email copy of notices			
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds.			
I further certify that this report is complete, true and correct.			
Printed Name of Signer <i>John Davenport</i>		Signature of Appointed Treasurer <i>John Davenport</i>	
		Date <i>2/26/14</i>	



North Carolina  
State Board of Elections  
441 N Harrington Street  
Raleigh, NC 27603

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COUNTY  
BOARD OF ELECTIONS

2014 FEB 27 AM 7:41

RECEIVED

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

**FILED BY:**

Candidate Name:

John Davenport

Treasurer Name:

John Davenport

Treasurer Address:

2441 Kingsgate Dr

(include city, state, & zip)

Winston Salem, NC 27101

Treasurer Phone:

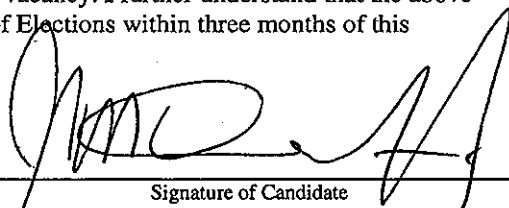
336 577 2635

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2-26-14

Date Signed

  
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.